

I hereby certify that this correspondence is being sent via facsimile
(703-872-9306) to Examiner Camie S. Thompson, Group Art Unit No.
1774, at the United States Patent and Trademark Office on:

09/28/04

Date of Facsimile

W. John Keyes, Ph.D.
Name of Applicant, Assignee or
Registered Representative

W. John Keyes, Ph.D.

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SEP 28 2004

Our Case No. 09793822-0158

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Tadashi Ishibashi, et al.

Application No.: 10/009,021

Filing Date: March 19, 2002

For: ORGANIC ELECTROLUMINESCENT
ELEMENT AND LUMINESCENT
DEVICE

Examiner: Camie S. Thompson

Group Art Unit No.: 1774

RESPONSE TO OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Official Action of March 31, 2004, Applicants respectfully
request reconsideration of the rejections in light of the following amendment and
remarks.

Voice date: 09/29/2004 MAHMED1
09/29/2004 MAHMED1 00000054 10009021
02 FC:1252 240.00 4P

09/29/2004 MAHMED1 00000055 193140 10009021
01 FC:1252 180.00 DA 240.00 OP

10/01/2004 ASKELMAN 000000001 193140 10009021
110.00 DA
108.00 DA
01 FC:1251
02 FC:1252

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/009021

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	35 minus 20 = *	*
INDEPENDENT CLAIMS	10 minus 3 = *	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input checked="" type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

09/26/04

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column 2) (Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 6	Minus	** 55	= 6
Independent	* 6	Minus	*** 6	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	Fee	RATE	Fee
BASIC FEE		OR BASIC FEE	0.90
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	

OTHER THAN
SMALL ENTITY OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	108
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	108

AMENDMENT B

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column 2) (Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 6	Minus	**	=
Independent	* 6	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT C

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	Minus	(Column 2) (Column 3)	
			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 6	Minus	**	=
Independent	* 6	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.